

I.M.P.A.C. CARDHOLDER ACCOUNT UPDATE

PLEASE CIRCLE ONE:

CHANGE

CANCELLATION

NOTE: ALLBOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS.
FILLIN ONLY THE INFORMATION TO BE CHANGED.

CARDHOLDER _____
(Name as it appears on the bankcard file)

ACCOUNT NUMBER _____ (Max 16)

CARDHOLDER NAME _____ (Max 22)
(First name, middle initial, last name)

DEPT/AGENCY OFFICE NAME _____ (Max 22)

ADDRESS ONE
(Max 20)

ADDRESS TWO _____ (Optional: Mailstop, Room, or Suite #; Max 10)

CITY _____ STATE _____

ZIP _____ TELEPHONE NUMBER _____

MERCHANT ACTIVITY TYPE _____ (3-digit code)

SINGLE PURCHASE LIMIT \$ _____ (\$50 increments) 30-DAY LIMIT \$ _____
(\$100 increments)

REISSUE CARD YES (CIRCLE IF REQUESTED)

USER FIELD 1 _____ (Max 12)

USER FIELD 2 _____ (Max 15; 1st 8 characters show on card)

MASTER ACCOUNTING CODE _____ (Max 50)

AGENCY TAX EXEMPT# _____ (Max 20)

COMPLETE THE FOLLOWING FOR CARDHOLDER TO APPROVING OFFICIAL TRANSFER ONLY:

APPROVING OFFICIAL NAME _____ (Max 22)

APPROVING OFFICIAL NUMBER _____ (Max 16)

INPUT SUBMITTED BY:

Approving Official

Agency Program Coordinator (HCO)

Address

Phone

Date

DOC BANKCARD CENTER
1510 E BANNISTER RD - RM PE122
KANSAS CITY MO 64131
PHONE: 1-800-782-2233 or 816-823-3847
FAX: 816-823-3850

Revised 3/1/97
chmntce.frm